

FMVIEW User Maintenance Form

| | | | |
|--|--|--|--|
| User Name: _____ | | TPX ID: _____ | |
| Phone: _____ | | For MMRS Use Only: | |
| E-mail address: _____ | | Process Date: _____ | |
| Agency: _____ | | By: _____ | |
| Agency Address: _____ | | Send to: | |
| _____ | | DFA / MMRS | |
| _____ | | 210 East Capitol Street | |
| _____ | | Suite 1400, Regions Plaza | |
| _____ | | Jackson, MS 39201 | |
| _____ | | Fax: (601) 359-6551 | |
| _____ | | Email: MASH@dfa.ms.gov | |
| <p>**I am aware of, and have read the <u>DFA Policy for Treatment of Social Security Numbers</u> (SSNs) on the MMRS website at www.dfa.ms.gov/mmrs/ > About Us > Active Administrative Rules. I agree to accept responsibility for the protection and use of SSNs contained in any reports and for securing these reports. I also agree to abide by any amendments to this policy posted by DFA, via this website, to ensure the privacy and confidentiality of SSN information as required by law.</p> | | | |
| SPAHRs Maintenance Action (circle one): Add Change Delete - effective date: _____ | | | |
| SPAHRs Agency Number(s): _____ | | | |
| *SPAHRs ID: _____ <small>(Required for Agency Run Prelim/Final Payrolls and Agency Run Prelim/Final Travel Payrolls)</small> | | *Agency Run Prelim/Final Payrolls: _____ Pay Stubs: _____ *Agency Run Prelim/Final Travel Payrolls: _____ Travel Payroll: _____ | |
| Remote Printer ID/Printer Class: _____ | | Payroll: _____ Other Reports: _____ Security Reports: _____ Qtrly Earnings Report: _____ Manage Contracts: _____ | |
| Authorized SPAHRs FMVIEW Security Contact OR Authorized SPAHRs Security Contact (for Security Reports only) | | | |
| NAME (Please Print): | | PHONE: | |
| **SIGNATURE: | | DATE: | |
| Agency Executive Director (for Qtrly Earnings Report only) | | | |
| NAME (Please Print): | | PHONE: | |
| **SIGNATURE: | | DATE: | |